٦l	ication	or	Docket	Num	her
11	11 24 11 11 11 1	U.	DOCKEL	Wilsian	L 24-7-1

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1) (Column 2)							_	SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			22				ſ	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		-	BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			23-minus 20=		. 9			X\$ 9=		OR	X\$18=	36	
IND	EPENDENT CL	AIMS	3 m	inus 3 =	Ø			X40=		OR	X80=	-	
MULTIPLE DEPENDENT CLAIM PRESENT							Ī	+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2	L	TOTAL		OR	TOTAL	746	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2)						(Column 3)		SMALL E	NTITY	OR	OTHER SMALL		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PRÉVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NO.	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AMENDMENT	Independent	*	Minus	***		=		X40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT (T CLAIM			+135=		OR	+270=		
								TOTAL ADDIT. FEE			TOTAL ADDIT. FEE		
		(Column 1)		(Colu	ımn 2)	(Column 3)	je i	NDDII. FEE I		•	ADDII. 1 EE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RAŢE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent		Minus	***	T OL AIN]=		X40=		OR	X80=		
L	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	II CLAIN		,	+135=		OR	+270=		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 3)		10011.1 EL			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER VIOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent		Minus	***	IT 6:	=	11	X40=		OR	X80=		
ഥ	FIRST PRESE	NTATION OF N	MULTIPLE DI	EPENDEN	VI CLAIN	/	1	+135=		OR	+270=		
	If the entry in colu	mn 1 is less than	the entry in co	olumn 2, wr	ite "0" in c	olumn 3.	, ,	TOTAL		OR	TOTA		
:	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

plication or Docket Number

PATENT APPLICATION FLE DETERMINATION RECORD

Effective October 1, 2001

CLAIMS AS FILED - PART I						SMALL ENTITY OTHER TH					THAN	
			(Column 1) (Column 1)		(Colu	mn 2) TYPE		/PE [OR OR		SMALL ENTITY	
TOTAL CLAIMS								RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMB	NUMBER EXTRA		ASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			minus 20= '		*		W	X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		*			X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in						olumn 2	L_	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Co						(Column 3)		SMALL E	NTITY	OR	OTHER SMALL E	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	· 21	Minus	** 2	2	=		X\$ 9=		OR	X\$18=	
AME	Independent	* 7	Minus	*** 3		= 4		X42=		OR	X84=	336
FIRST PRESENTATION OF MULTIPLE DEPENDENT C								+140=		OR	+280=	
						L	TOTAL DIT. FEE		OR	TO AL ADDIT FEE	836	
		(Column 1)		(Colur	mn 2)	(Column 3)	~~				-	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		= .		X\$ 9=	-	OR	X\$18=	
AME	Independent	*	Minus	***		-		X42=		OR	X84=	
L	FIRST PRESE	NTATION OF M	JLTIPLE DEI	PENDENT	CLAIM			+140=		OR	+280=	
	: .						L.	TOTAL	<u> </u>		TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	AL.	DIT. FEE			ADDII. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	HEST IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	,	OR	X\$18=	
	Independent	*	Minus	***		=		X42=	, 	OR	X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM		-			UN		
	If the enter in enter	mn 4 la lace thác t	o ontre la cole	Imp O unit	a "N" in co	lumn 3	L	+140=		OR	+280=	
**	If the "Highest Nu	mn 1 is less than the mber Previously Po	aid For IN TH	IS SPACE	is less tha	n 20, enter *20.	. AD	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
apar)	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											